



**Please note:**

"All submissions are subject to the District Manager's approval. Completing and submitting this form does not mean your plan has been approved. An approval or disapproval letter will be mailed from the local MSHA office."

District Manager  
Mine Safety and Health Administration  
P.O. Box 560  
Norton, VA 24273

Date: \_\_\_\_\_

Dear Sir:

In accordance with 30 CFR Section 75.1712-4

\_\_\_\_\_,  
(Mine)

\_\_\_\_\_,  
(Company) (I.D. No.)

\_\_\_\_\_  
(Location)

applies for waiver on all requirements of 30 CFR Section 1712-1 through 75.1712-3 because there is not an adequate water supply available, and the employees desire to use bathing facilities at home.

Employee's Signatures

Very truly yours,

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Operator's Address